

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013515

STATE FILE NUMBER

1860

FILED MAY 1 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1860

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grandview 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 5 Weeks	d. STREET ADDRESS (If outside, give location) 1805 Higrove Rd. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Werner Middle Riemenschmitter Last Riemenschmitter			4. DATE OF DEATH Month April Day 11 Year 59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 5-1906
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months 5 Days 13	IF UNDER 24 HRS. Hours 13 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assist. auditor		10b. KIND OF BUSINESS INDUSTRY Bank & Mercantile Trust	11. BIRTHPLACE (City and state or country) Waverly, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Otto Riemenschmitter	
13b. MOTHER'S MAIDEN NAME Katie Holsten		14. NAME OF HUSBAND OR WIFE Myrtle Riemenschmitter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-03-1554	17. INFORMANT Myrtle Riemenschmitter Address 1805 Higrove Grandview
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction - DUE TO (b) Vascular Disease of the coronary arteries - Infections and Atherosclerosis - DUE TO (c) General Vascular Disease - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Terminal Bronchopneumonia - 4261			INTERVAL BETWEEN ONSET AND DEATH 9 days 3 months 3 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 3:05 Month 4 Day 30 Year 59 p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Grandview COUNTY Jackson STATE Missouri
21. I attended the deceased from 3-20-1959 to 4-11-59 and last saw ^{him} her alive on 4-11-1959 . Death occurred at 3:05 4:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Graham Asher M.D.		22b. ADDRESS 1220 Professional Bldg. Kansas City 6-Mo.	22c. DATE SIGNED 4-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-13-59	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
24. FUNERAL DIRECTOR E.K. George & Sons Grandview Mo.		25. DATE RECD. BY LOCAL REG. 4-13-59	26. REGISTRAR'S SIGNATURE Neva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Graham Asher

Graham Asker

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Herbert E. Boardman*

Licensed Embalmer No. *4911*
P. O. Address *Grandview*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.